



CITY OF REDMOND EMPLOYMENT APPLICATION

15670 NE 85th Street • PO Box 97010 • Redmond, WA 98073-9710
Human Resources: (425) 556-2120 • FAX (425) 556-2129
Job line: (425) 556-2121 • TDD (425) 556-2909
<http://www.ci.redmond.wa.us>

The City of Redmond is an Equal Opportunity Employer

Title of position for which you are applying: _____

GENERAL INFORMATION

NAME _____
(Last) (First) (Middle)
ADDRESS _____ CITY _____ STATE _____ ZIP _____
TELEPHONE () _____ WORK () _____ E-MAIL _____

ARE YOU A CURRENT OR FORMER CITY OF REDMOND EMPLOYEE? ☐ YES ☐ NO

Position: _____ Dates From/To: _____

DO YOU HAVE A RELATIVE EMPLOYED BY THE CITY? ☐ YES ☐ NO

Relationship: _____ Department: _____

CAN YOU PROVE THAT YOU ARE LEGALLY ENTITLED TO WORK IN THE UNITED STATES? ☐ YES ☐ NO

Can you perform the essential functions of the job for which you are applying with or without reasonable accomodation?

☐ YES ☐ NO

OTHER THAN PARKING TICKETS, HAVE YOU BEEN CONVICTED OF ANY LAW VIOLATION WITHIN THE LAST 10 YEARS? (Conviction record may be subject to verification.) ☐ YES ☐ NO

IF YES, EXPLAIN BELOW. (A conviction record will not necessarily bar you from employment.)

Date	Charge	Sentence	Remarks

EDUCATION

HIGH SCHOOL	MAJOR	CREDIT HOURS	DEGREE RECEIVED

COLLEGE OR UNIVERSITY*	MAJOR	CREDIT HOURS	DEGREE RECEIVED

*PROOF OF PROGRAM ACCREDITATION AND DEGREE OBTAINED IS REQUIRED PRIOR TO HIRE.

LIST VOCATIONAL, ON-THE-JOB, OR OTHER APPLICABLE TRAINING.	HOURS/CREDITS

LICENSES/CERTIFICATIONS

VALID DRIVER'S LICENSE? YES ____ NO ____ STATE: _____ LICENSE NUMBER: _____

VALID COMMERCIAL DRIVER'S LICENSE? YES ____ NO ____ STATE: _____ LICENSE NUMBER: _____

LIST LICENSES OR CERTIFICATIONS THAT YOU HOLD WHICH RELATE TO THE POSITION FOR WHICH YOU ARE APPLYING.

TYPE OF LICENSE OR CERTIFICATION	ISSUING STATE	LICENSE NUMBER

EXPERIENCE

	YEARS EXPERIENCE	TYPE OF EQUIPMENT; SOFTWARE USED; OTHER DETAILS
PERSONAL COMPUTER:		
WORD PROCESSING	_____	(WPM = _____) _____
SPREADSHEET	_____	_____
DATABASE	_____	_____
DESKTOP PUBLISHING	_____	_____
CAD	_____	_____
OTHER	_____	_____
MAINTENANCE POSITIONS ONLY:		
BACKHOE	_____	_____
DUMP TRUCK	_____	_____
COMPRESSOR	_____	_____
ROTARY MOWER	_____	_____
EDGER, BLOWER	_____	_____
OTHER	_____	_____

WORK HISTORY

Begin with your present or most recent employment. Include self-employment, military service, volunteer experience and periods of unemployment. The following sections MUST be completed even if a resume is submitted. Attach additional sheets of paper if you require more space.

#1 TITLE: _____ FROM: _____ TO: _____ TOTAL MONTHS: _____
TYPE OF COMPANY: _____ FULL-TIME: _____ PART-TIME: _____
EMPLOYED BY: _____ PHONE NO.: _____
ADDRESS: _____
IF APPLICABLE, NUMBER OF EMPLOYEES SUPERVISED: _____
SUPERVISOR'S NAME/TITLE: _____
LAST SALARY: _____ MAY WE CONTACT THIS EMPLOYER? YES _____ NO _____
SCOPE OF JOB: _____

REASON FOR LEAVING: _____

#2 TITLE: _____ FROM: _____ TO: _____ TOTAL MONTHS: _____
TYPE OF COMPANY: _____ FULL-TIME: _____ PART-TIME: _____
EMPLOYED BY: _____ PHONE NO.: _____
ADDRESS: _____
IF APPLICABLE, NUMBER OF EMPLOYEES SUPERVISED: _____
SUPERVISOR'S NAME/TITLE: _____
LAST SALARY: _____ MAY WE CONTACT THIS EMPLOYER? YES _____ NO _____
SCOPE OF JOB: _____

REASON FOR LEAVING: _____

#3 TITLE: _____ FROM: _____ TO: _____ TOTAL MONTHS: _____
TYPE OF COMPANY: _____ FULL-TIME: _____ PART-TIME: _____
EMPLOYED BY: _____ PHONE NO.: _____
ADDRESS: _____
IF APPLICABLE, NUMBER OF EMPLOYEES SUPERVISED: _____
SUPERVISOR'S NAME/TITLE: _____
LAST SALARY: _____ MAY WE CONTACT THIS EMPLOYER? YES _____ NO _____
SCOPE OF JOB: _____

REASON FOR LEAVING: _____

WORK HISTORY

(continued)

#4 TITLE: _____ FROM: _____ TO: _____ TOTAL MONTHS: _____

TYPE OF COMPANY: _____ FULL-TIME: _____ PART-TIME: _____

EMPLOYED BY: _____ PHONE NO.: _____

ADDRESS: _____

IF APPLICABLE, NUMBER OF EMPLOYEES SUPERVISED: _____

SUPERVISOR'S NAME/TITLE: _____

LAST SALARY: _____ MAY WE CONTACT THIS EMPLOYER? YES _____ NO _____

SCOPE OF JOB: _____

REASON FOR LEAVING: _____

#5 TITLE: _____ FROM: _____ TO: _____ TOTAL MONTHS: _____

TYPE OF COMPANY: _____ FULL-TIME: _____ PART-TIME: _____

EMPLOYED BY: _____ PHONE NO.: _____

ADDRESS: _____

IF APPLICABLE, NUMBER OF EMPLOYEES SUPERVISED: _____

SUPERVISOR'S NAME/TITLE: _____

LAST SALARY: _____ MAY WE CONTACT THIS EMPLOYER? YES _____ NO _____

SCOPE OF JOB: _____

REASON FOR LEAVING: _____

AUTHORIZATION

I hereby certify that this application and any other materials and/or documents provided in this application process contain no willful misrepresentation and that the information given is true and complete to the best of my knowledge. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application may be rejected, my name may be removed from consideration, or if employed, I may be discharged from my employment.

I authorize my current or former employers and all schools or educational and technical institutions which I have attended to provide City of Redmond representatives any information regarding my current or former employment, scholastic records or ratings. I hereby release any such current or former employers or institutions, their agents or employees from any and all liability resulting from the release of such information. My authorization and release from liability are voluntary acts. This authorization shall be effective for employment investigations by the City of Redmond only.

Further, I understand that at time of hire I will be required to provide documentation showing authorization to work in the United States.

Signature of Applicant

Date

AFFIRMATIVE ACTION INFORMATION

In order to ensure equal employment opportunity, the City of Redmond requests your voluntary cooperation by indicating the following. Your answers will be treated as confidential and will not be considered part of your application.

NAME: _____

SEX: ☐ Male ☐ Female

AGE OVER 40: ☐ Yes ☐ No

ETHNIC GROUP: (Select only one racial/ethnic group.)

☐ African American

☐ Asian/Pacific Islander

☐ Caucasian (white, not hispanic origin)

☐ Hispanic

☐ Native American (Indian, Eskimo, etc.)

INDIVIDUAL WITH A DISABILITY: ☐ Yes ☐ No

VETERAN: ☐ Yes ☐ No

HOW DID YOU LEARN OF POSITION OPENING?

☐ Print Ad ☐ Internet ☐ Jobline ☐ Job Posting ☐ Other _____



CITY OF REDMOND
AUTHORIZATION FOR BACKGROUND INVESTIGATION

I, _____, hereby authorize the City of Redmond or an independent investigating agency to conduct a thorough investigation of my personal and professional background including credit, criminal, and driving records.

I hereby release any current or former employers or institutions, their agents or employees from any and all liability resulting from the release of such information. My authorization and release from liability are voluntary acts. This authorization shall be effective for employment investigations of the City of Redmond only.

It is my intention that any copy of this authorization be as effective as is the original.

PLEASE PROVIDE THE FOLLOWING INFORMATION

Applicant's Name: _____
Last First Middle

Alias/Maiden/Other Name(s): _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

Social Security Identification Number: _____/_____/_____

Driver's License Number: _____ State: _____

Position Applied For: _____

Signature

Date

DRIVING RECORD - to be completed with application

Name: _____
(Please Print) (Last, First, Middle Initial)

Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____ State of Issue: _____

Other states in which you have held driver's licenses? _____

List any notices of infraction or traffic citations which you have received in the past 5 years.

State	Month/Year	Type of Infraction

If more space is needed, please attach additional sheets of paper.

Infractions or citations will not necessarily remove you from consideration, but the City will consider your driving record and insurability when making employment decisions.

The information provided above is true to the best of my knowledge. I understand that providing false information is cause for elimination in the selection process or dismissal from employment.

Signed: _____ Date: _____

City Driving Standards:

Applicants for positions in which the occupant is expected to operate a motor vehicle must be at least 18 years old and will be required to present a valid Washington State driver's license with any necessary endorsements. Driving records of applicants may be checked. Applicants will be disqualified under the following circumstances:

Violations More than two moving traffic violations within the preceding three years; or reckless driving violation within the preceding five years; or driving while intoxicated within the preceding five years.

Accidents More than one motor vehicle accident with the preceding three years for which the applicant received a traffic or criminal citation and was convicted, forfeited bail, or entered a plea of "guilty" or "nolo contendere."

COLLEGE CREDIT WAIVER
LATERAL ENTRY POLICE OFFICER

The statement below MUST be signed and dated in order for you to progress in this selection process. Please be aware that false information will lead to immediate disqualification.

I, the undersigned applicant, attest that I have completed, at a minimum, **90 quarter hours or 60 semester hours from an accredited college or university** as set forth in the minimum requirements of the Lateral Entry Police Officer selection process for the City of Redmond, Washington. I, further understand that if I am successful in the testing process, I will have that college and/or university, send certified transcripts directly to the Redmond Police Department when requested by a police background investigator.

Signature of Applicant

Date

CERTIFIED TRANSCRIPTS OF YOUR RECORDS WILL BE OBTAINED

Name (please print)

Date

VETERAN'S PREFERENCE

INFORMATION FORM

Under Washington State Law, Veteran's Preference may be claimed if you received a discharge under honorable conditions.

Do you claim Veteran's Preference? Yes ____ No ____

If "Yes", give the dates of service and attach a copy of your DD214.

From: _____
Month Day Year

To: _____
Month Day Year

Are you currently receiving any veteran's retirement payments? Yes ____ No ____

Have you ever used Veteran's Preference to obtain employment? Yes ____ No ____

If "Yes", which job(s): _____

Veteran's Preference Defined

Washington State law provides for Veteran's Preference status on competitive examination for public employment. Eligible applicants receive a percentage added to their final passing grade.

Eligibility Criteria:

1. For purposes of examination, a veteran is defined as a person who has served in active duty in any branch of the armed forces of the United States during a war or in a campaign or expedition for which a campaign badge has been authorized.
2. Veteran's preference status must be claimed within fifteen years of the date of release from active service.

Reference: RCW 41.04.005
RCW 41.04.010

- (1) In all competitive examinations, any veteran who submits the qualifying DD214 form, has honorably served in any branch of the armed forces, and did not serve during a period of war or in an armed conflict or is receiving military retirement shall have five (5) percent added to their final passing score. The percentage shall be added until the person's first appointment and shall not be utilized in promotional examinations.
- (2) In all competitive examinations, veterans, as defined in subsection (4) of this section and upon submission of their qualifying DD214 form, shall be given additional percentages by adding to the passing score, a percentage of such passing score under the following conditions:
 - (a) Ten (10) percent to a veteran who served during a period of war or in an armed conflict and does not receive military retirement. The percentage shall be added until the veteran's first appointment and shall not be utilized in promotional examinations.
 - (b) Five (5) percent to a veteran who was called from state employment to active military service for one or more years. The percentage shall be added to the first promotional examination only.
- (3) The provisions in subsection (1) and (2) must be claimed within fifteen (15) years of the date of release from active military service. This period may be extended by the director or designee for valid and extenuating reasons to include but not be limited to:
 - (a) Documented medical reasons beyond the control of the veteran;
 - (b) United States department of veterans' affairs documented disabled veteran; or
 - (c) Any veteran who has his or her employment terminated through no fault or action of his or her own and whose livelihood is adversely affected may seek employment consideration under this section.
- (4) The term veteran as used in subsection (2) of this section shall include any person who has served in any branch of the armed forces of the United States during:
 - (a) World War II;
 - (b) The Korean Conflict;
 - (c) The Viet Nam Era means:
 - (i) The period beginning on February 28, 1961, and ending on May 7, 1975, in the case of a veteran who served in the Republic of Vietnam during that period.
 - (ii) The period beginning August 5, 1964, and ending on May 7, 1975.
 - (d) The Persian Gulf War, beginning August 2, 1990 and ending on the date prescribed by presidential proclamation or law;
 - (e) The following armed conflicts, if the participant was awarded the respective campaign badge or medal: The crisis in Lebanon; the invasion of Grenada; Panama, Operation Just Cause; Somalia, Operation Restore Hope; Haiti, Operation Uphold Democracy; and Bosnia, Operation Joint Endeavor;
 - (f) The period beginning on the date of any future declaration of war by the congress and ending on the date prescribed by presidential proclamation or concurrent resolution of the congress; or
 - (g) Who has received the armed forces expeditionary medal, Marine Corps expeditionary medal, or Navy expeditionary medal, for opposed action on foreign soil.

Further, only persons who received an honorable discharge or who received a discharge for physical reasons with an honorable record or who were released from active duty under honorable circumstances shall be eligible for this veterans preference.

WAIVER AND RELEASE

REDMOND POLICE DEPARTMENT

LATERAL ENTRY POLICE OFFICER PHYSICAL ABILITY TEST

I, the undersigned, acknowledge that I have willingly chosen to participate in the Redmond Police Department's physical ability test for police officer candidates.

I have received advance notification of the tests which will be administered. I have had the opportunity to consult my personal physician and have done so or chosen not to. I understand that the tests are strenuous and hold the potential for serious injury or death.

I hereby release the City of Redmond and its officials, employees, and agents from any liability for injuries or death which may occur as a result of my participation in the police officer physical ability tests.

I sign this waiver and release willingly and of my own volition without coercion of any kind. I understand that by signing this form I give up all rights whatsoever to recover damages from the City for injury or death arising out of the physical ability testing.

Name (Please print)

Signature

Date